

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 839137

1. Entity Name

KEYPORT FINANCIAL SERVICES CORP.

Principal Place of Business

125 HIGH STREET  
BOSTON MA 02110-2712

Mailing Address

125 HIGH STREET  
BOSTON MA 02110-2704

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-2603954

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME A  
STREET ADDRESS TRUMAN, D A  
CITY-ST-ZIP 14 NATALIE AVE  
MELROSE MA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME T  
STREET ADDRESS JAPLIT, ROGELIO P  
CITY-ST-ZIP 22 LIBERTY LANE  
NORWOOD MA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME DPS  
STREET ADDRESS KLOPPER, JAMES J.  
CITY-ST-ZIP 27 SHIPWAY PLACE  
CHARLESTOWN MA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME V  
STREET ADDRESS BRYANT, DANIEL C  
CITY-ST-ZIP 1160 HIGH HAWK ROAD  
E. GREENWICH RI

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HERSCHLER, JACOB M  
CITY-ST-ZIP 739 WORCESTER STREET  
WELLESLEY MA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME DA  
STREET ADDRESS HOLMAN, PAUL T  
CITY-ST-ZIP 221 LINWOOD ST  
BROCKTON MA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rogelio P. Japlit Rogelio P. Japlit 3/28/00 (617) 526-1557  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90044 034 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/93)